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Medicare Current Beneficiary Survey

Section Specifications for R60 IAQ

INCOME AND ASSETS SUPPLEMENT

2011

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BOXIA1A

BOX INSTRUCTIONS

IF (SP IS IN THE EXIT SAMPLE AND PREVIOUS ROUND INTERVIEW WAS NOT SKIPPED), GO TO IAINT8 - SPSEINHH.

ELSE GO TO IAINTRO - IAINT.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Before beginning IA questions, create a current round INCO record to collect IA data:

Key = INCO.INCOBASE + INCO.INCORND

| Variable Name | Assignment Instructions |
|---------------|-----------------------------------|
| INCORND | Set INCO.INCORND = current round. |

IAINT8

Code 1

QUESTION TEXT

WAS SP'S SPOUSE LIVING IN THE HOUSEHOLD DURING THIS ROUND?

FIELD 1: SPSEINHH

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-------------------|
| 1 | YES | IAINT9 - ADLTINHH |
| 2 | NO | IAINT9 - ADLTINHH |
| | Don't Know | IAINT9 - ADLTINHH |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.SPSEINHH | 1 |

IAINT9

Code 1

QUESTION TEXT

BESIDES SP (AND SP'S SPOUSE), WAS ANY OTHER ADULT, AGE 15 OR OLDER, LIVING IN THE HOUSEHOLD DURING THIS ROUND?

FIELD 1: ADLTINHH

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IAINTRO - IAINT |
| 2 | NO | IAINTRO - IAINT |
| | Don't Know | IAINTRO - IAINT |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ADLTINHH | 1 |

IAINTRO

No Entry

QUESTION TEXT

Now I have some questions about (PREVIOUS YEAR) income and other financial resources for [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)].

As with all information collected by the MCBS, the data are confidential and covered by the Privacy Act of 1974. Your answers will be combined with those of other respondents, and (your/his/her) Medicare benefits will not be affected in any way by your answers to these questions.

GIVE BROCHURE TO RESPONDENT. ALLOW A FEW MINUTES FOR RESPONDENT TO REVIEW BROCHURE IF NECESSARY.

FIELD 1: IAINT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------|-------------------|
| 1 | CONTINUE | IAINTRO1 - IAINT1 |
| | Empty | IAINTRO1 - IAINT1 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

IAINTRO1

No Entry

QUESTION TEXT

As the brochure explains, your responses to these questions can help us determine the impact of income on (your/his/her) use and access to health care. I will be asking a series of questions about [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income and other financial resources. First, I will ask whether [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of income or other resources. All these questions can be answered with a "yes" or a "no." Then, I will ask you to estimate [your/(SP's)/their] total income. [Please answer all questions for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)].

Please feel free to refer to any records or other persons who may be of assistance to you.

FIELD 1: IAINT1

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------|-----------------|
| 1 | CONTINUE | IA1A - SSRRPROB |
| | Empty | IA1A - SSRRPROB |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

IA1A

List

QUESTION TEXT

In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .

FIELD 1: SSRRPROB

receive Social Security and/or Railroad Retirement payments?

[READ IF NECESSARY: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of the month. If mailed, they are often sent in colored envelopes, such as a gold or manila-colored envelope.]

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1A - SSIPROBE |
| 2 | NO | IA1A - SSIPROBE |
| | Don't Know | IA1A - SSIPROBE |
| | Refused | IA1A - SSIPROBE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.SSRRPROB | 1 |

FIELD 2: SSIPROBE

receive Supplemental Security Income, which is also called SSI, or Social Security Disability Insurance, also called SSDI?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|-------|-----------------|
| 1 | YES | IA1A - DISAPROB |

| Value | Label | Route |
|-------|------------|-----------------|
| 2 | NO | IA1A - DISAPROB |
| | Don't Know | IA1A - DISAPROB |
| | Refused | IA1A - DISAPROB |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.SSIPROBE | 1 |

FIELD 3: DISAPROB

receive any disability payments (other than Social Security, SSDI, and/or Railroad Retirement)?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1A - PENPROBE |
| 2 | NO | IA1A - PENPROBE |
| | Don't Know | IA1A - PENPROBE |
| | Refused | IA1A - PENPROBE |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.DISAPROB | 1 |

FIELD 4: PENPROBE

receive any retirement or survivor pension or annuity (other than Social Security or Railroad Retirement)?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1B - JOBPROBE |
| 2 | NO | IA1B - JOBPROBE |
| | Don't Know | IA1B - JOBPROBE |
| | Refused | IA1B - JOBPROBE |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.PENPROBE | 1 |

IA1B List

QUESTION TEXT

In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] . . .

FIELD 1: JOBPROBE

work at a job or business for pay? That is, did [you/he/she/he or his wife/she or her husband/you or your (wife/husband)] receive income by working for an employer or by being self-employed, such as owning a business, professional practice, or farm?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1B - WELPROBE |
| 2 | NO | IA1B - WELPROBE |
| | Don't Know | IA1B - WELPROBE |
| | Refused | IA1B - WELPROBE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.JOBPROBE | 1 |

FIELD 2: WELPROBE

receive any income from public assistance or welfare from the state or local welfare office? Please include programs such as Temporary Aid to Needy Families or TANF and food stamps.

FIELD 2 ROUTING

| Value | Label | Route |
|-------|-------|-----------------|
| 1 | YES | IA1B - RELPROBE |
| 2 | NO | IA1B - RELPROBE |

| Value | Label | Route |
|-------|------------|-----------------|
| | Don't Know | IA1B - RELPROBE |
| | Refused | IA1B - RELPROBE |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.WELPROBE | 1 |

FIELD 3: RELPROBE

receive financial assistance from relatives or friends?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|--------------|
| 1 | YES | IA1B - IRAWD |
| 2 | NO | IA1B - IRAWD |
| | Don't Know | IA1B - IRAWD |
| | Refused | IA1B - IRAWD |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.RELPROBE | 1 |

FIELD 4: IRAWD

convert or withdraw any funds from an IRA, Keogh, 401K, or other retirement savings account in (PREVIOUS YEAR)?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1C - STOKPROB |
| 2 | NO | IA1C - STOKPROB |
| | Don't Know | IA1C - STOKPROB |
| | Refused | IA1C - STOKPROB |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.IRAWD | 1 |

IA1C List

QUESTION TEXT

In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .

FIELD 1: STOKPROB

receive any dividends from any investments in stocks or mutual funds or other investments?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1C - LUMPPROB |
| 2 | NO | IA1C - LUMPPROB |
| | Don't Know | IA1C - LUMPPROB |
| | Refused | IA1C - LUMPPROB |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.STOKPROB | 1 |

FIELD 2: LUMPPROB

receive a lump sum or any one-time payments such as a life insurance or pension settlement, inheritance, or a capital gain from the sale of securities, property, or a business?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1C - ESTPROBE |
| 2 | NO | IA1C - ESTPROBE |
| | Don't Know | IA1C - ESTPROBE |

| Value | Label | Route |
|-------|---------|-----------------|
| | Refused | IA1C - ESTPROBE |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.LUMPPROB | 1 |

FIELD 3: ESTPROBE

receive any regular payments from estates, trusts, annuities (other than pensions), life insurance, or royalties?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA1C - PROPRENT |
| 2 | NO | IA1C - PROPRENT |
| | Don't Know | IA1C - PROPRENT |
| | Refused | IA1C - PROPRENT |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ESTPROBE | 1 |

FIELD 4: PROPRENT

receive any income from the rental of properties?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|-------|-----------------|
| 1 | YES | IA13 - OTHPROBE |

| Value | Label | Route |
|-------|------------|-----------------|
| 2 | NO | IA13 - OTHPROBE |
| | Don't Know | IA13 - OTHPROBE |
| | Refused | IA13 - OTHPROBE |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.PROPRENT | 1 |

IA13 Code 1

QUESTION TEXT

Not including anything you've already told me about, did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] receive income from any other sources, such as Department of Veterans Affairs payments, worker's or unemployment compensation, child support, or alimony?

FIELD 1: OTHPROBE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------|
| 1 | YES | BOX IA1 |
| 2 | NO | BOX IA1 |
| | Don't Know | BOX IA1 |
| | Refused | BOX IA1 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.OTHPROBE | 1 |

BOX IA1

BOX INSTRUCTIONS

IF AT LEAST ONE INCOME PROBE AT IA1A, IA1B, IA1C, OR IA13 WAS ANSWERED "YES", GO TO IA14 - INCYRAMT.

ELSE GO TO BOX IA2AA.

Quantity Unit

QUESTION TEXT

SHOW CARD IA1

Taking all of these income sources into account, please estimate [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income for (PREVIOUS YEAR).

[PROBE: In estimating (your/his/her/their) total income you can respond for all of (PREVIOUS YEAR), or, if you prefer, provide a one month estimate.]

[PROBE: REVIEW THESE SOURCES WITH RESPONDENT: [Social Security or Railroad Retirement/

(SSI/SSDI)/disability/pensions/job, business, professional practice, farm/public assistance programs/assistance from relatives or friends/withdrawal from retirement or savings/dividends/lump sum payments/other regular payments/rental properties/other sources]

FIELD 1: INCYRAMT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | IA14 - INCYRUNT |
| | Don't Know | IA15 - INCYRMT1 |
| | Refused | IA15 - INCYRMT1 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.INCYRAMT | 1 |

FIELD 2: INCYRUNT

FIELD 2 ROUTING

| Value | Label | Route | |
|-------|---------------------------|-----------------|--|
| 1 | TOTAL FOR (PREVIOUS YEAR) | BOX IA2AA | |
| 2 | ONE MONTH | BOX IA2AA | |
| | Don't Know | IA15 - INCYRMT1 | |
| | Refused | IA15 - INCYRMT1 | |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.INCYRUNT | 1 |

Code 1

QUESTION TEXT

Was it more than (\$20,000/\$1,700/\$40,000/\$3,300)?

FIELD 1: INCYRMT1

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | BOX IA2AA |
| 2 | NO | IA16 - INCYRMT2 |
| | Don't Know | BOX IA2AA |
| | Refused | BOX IA2AA |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.INCYRMT1 | 1 |

IA16 Code 1

QUESTION TEXT

Was it more than (\$12,000/\$1,000/\$25,000/\$2,000)?

FIELD 1: INCYRMT2

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | BOX IA2AA |
| 2 | NO | IA17 - INCYRMT3 |
| | Don't Know | BOX IA2AA |
| | Refused | BOX IA2AA |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.INCYRMT2 | 1 |

Code 1

QUESTION TEXT

Was it more than (\$7,700/\$640/\$17,000/\$1,400)?

FIELD 1: INCYRMT3

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------|
| 1 | YES | BOX IA2AA |
| 2 | NO | BOX IA2AA |
| | Don't Know | BOX IA2AA |
| | Refused | BOX IA2AA |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.INCYRMT3 | 1 |

BOX IA2AA

BOX INSTRUCTIONS

IF (IAINT9 - ADLTINHH = 1/Yes) OR (THERE IS AN ADULT AGE 15 OR OLDER LIVING WITH THE SP IN THE CURRENT ROUND OTHER THAN THE SPOUSE), GO TO IA17A - HHINCOME.

ELSE GO TO IA18A - HOMEPRBB.

| Variable Name | Assignment Instructions |
|---------------|--|
| HHINCFLG | If (IAINT 9 - ADLTINHH ^= 1/Yes) and (there is no adult age 15 or older living with the SP in the current round other than the spouse), set INCO.HHINCFLG = 1/Yes. |

IA17A

Code 1

QUESTION TEXT

SHOW CARD IA1A

According to our records, other than [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)], at least one person 15 years of age or older lives in (your household/the household). Including their income as well as [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income, please look at this card and tell me which letter represents the total combined income of all the members of [your household/(SP's) household]. This includes income from jobs, Social Security, Railroad Retirement, other retirement, and any other money income received by all members of (your household/the household).

FIELD 1: HHINCOME

FIELD 1 ROUTING

| | IA18A - HOMEPRBB |
|----------|------------------|
| | |
| | IA18A - HOMEPRBB |
| n't Know | IA18A - HOMEPRBB |
| fused | IA18A - HOMEPRBB |
| | |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.HHINCOME | 1 |

IA18A

Code 1

QUESTION TEXT

IF THE SP IS HOMELESS, IS TRANSIENT WITH NO PERMANENT HOME, OR IS IN JAIL OR PRISON, CODE WITHOUT ASKING. SELECT "SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON".

The next questions are about the place where [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] (live/lives/lived).

(Do/Did/Does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)]] own the place where (you/he/she/they) (live/lives/lived), or (do/did/does) (you/he/she/they) rent it?

FIELD 1: HOMEPRBB

FIELD 1 ROUTING

| Value | Label | Route |
|-------|---|------------------------------------|
| 1 | OWN | IA19 - HOMEEVAL |
| 2 | RENT | IA22 - HOMERENT |
| 3 | DOESN'T OWN OR RENT | IAINTRO4 - IAINT4 |
| 4 | BOTH OWN AND RENT | DO NOT DISPLAY. DATA EDITING ONLY. |
| 5 | SP REPORTED SUBSIDIZED RENTAL HOUSING | DO NOT DISPLAY. DATA EDITING ONLY. |
| 6 | SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON | IAINTRO4 - IAINT4 |
| | Don't Know | IAINTRO4 - IAINT4 |
| | Refused | IAINTRO4 - IAINT4 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.HOMEPRBB | 1 |

IA19 Dollar

QUESTION TEXT

Please tell me the present value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] home. About how much do you think this (house and lot/condominium unit) would sell for if it were for sale? Please give your best estimate.

FIELD 1: HOMEEVAL

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | IA20 - HOMEMORT |
| | Don't Know | IA20 - HOMEMORT |
| | Refused | IA20 - HOMEMORT |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.HOMEEVAL | 1 |

Code 1

QUESTION TEXT

(Do/Did/Does) [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] have a mortgage, deed of trust, home equity loan, or a land contract on the property?

FIELD 1: HOMEMORT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-------------------|
| 1 | YES | IA21 - HOMEOWE |
| 2 | NO | IAINTRO4 - IAINT4 |
| | Don't Know | IAINTRO4 - IAINT4 |
| | Refused | IAINTRO4 - IAINT4 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.HOMEMORT | 1 |

Dollar

QUESTION TEXT

How much (do/did/does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] owe, in total, on any mortgages, deeds, loans, or land contracts for this property?

FIELD 1: HOMEOWE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | IAINTRO4 - IAINT4 |
| | Don't Know | IAINTRO4 - IAINT4 |
| | Refused | IAINTRO4 - IAINT4 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.HOMEOWE | 1 |

Dollar

QUESTION TEXT

How much monthly rent (do/did/does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] pay for the place where (you/he/she/they) (live/lives/lived)?

FIELD 1: HOMERENT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | IAINTRO4 - IAINT4 |
| | Don't Know | IAINTRO4 - IAINT4 |
| | Refused | IAINTRO4 - IAINT4 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.HOMERENT | 1 |

IAINTRO4

No Entry

QUESTION TEXT

Now, let's turn to savings or other assets which can be used to provide income. I will ask whether [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of assets in (PREVIOUS YEAR). All these questions can be answered with a "yes" or a "no". [Please answer for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)].

FIELD 1: IAINT4

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------|------------------|
| 1 | CONTINUE | IA23A - IRAPROBE |
| | Empty | IA23A - IRAPROBE |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

IA23A

List

QUESTION TEXT

For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .

FIELD 1: IRAPROBE

have any IRA, Keogh, 401K accounts, thrift plans, or other retirement savings accounts?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | IA23A - SAVPROBE |
| 2 | NO | IA23A - SAVPROBE |
| | Don't Know | IA23A - SAVPROBE |
| | Refused | IA23A - SAVPROBE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.IRAPROBE | 1 |

FIELD 2: SAVPROBE

have money in any kind of savings, interest earning checking, or other bank account? Include checking, savings, money market funds, certificates of deposit, or any other interest earning bank accounts.

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | IA23A - BONDPROB |
| 2 | NO | IA23A - BONDPROB |
| | Don't Know | IA23A - BONDPROB |

| Value | Label | Route |
|-------|---------|------------------|
| | Refused | IA23A - BONDPROB |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.SAVPROBE | 1 |

FIELD 3: BONDPROB

have any stocks, mutual funds, municipal or corporate bonds, or U.S. Government securities such as savings bonds, treasury bills or bonds?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | IA23A - INSPROBE |
| 2 | NO | IA23A - INSPROBE |
| | Don't Know | IA23A - INSPROBE |
| | Refused | IA23A - INSPROBE |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.BONDPROB | 1 |

FIELD 4: INSPROBE

own any life insurance policies which build up cash equity (sometimes called whole life or universal life)?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | IA23B - PROPPROB |
| 2 | NO | IA23B - PROPPROB |
| | Don't Know | IA23B - PROPPROB |
| | Refused | IA23B - PROPPROB |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.INSPROBE | 1 |

IA23B

List

QUESTION TEXT

For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] . . .

FIELD 1: PROPPROB

own any property, [other than (your/his/her/their) primary residence,] such as a vacation home, apartment house, commercial property, or rental property?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | IA23B - CARPROBE |
| 2 | NO | IA23B - CARPROBE |
| | Don't Know | IA23B - CARPROBE |
| | Refused | IA23B - CARPROBE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.PROPPROB | 1 |

FIELD 2: CARPROBE

own any cars, trucks, recreational vehicles, or boats?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | IA23B - ASTPROBE |
| 2 | NO | IA23B - ASTPROBE |
| | Don't Know | IA23B - ASTPROBE |

| Value | Label | Route |
|-------|---------|------------------|
| | Refused | IA23B - ASTPROBE |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.CARPROBE | 1 |

FIELD 3: ASTPROBE

have any other savings, assets, a business or professional practice, property such as a farm, mortgages from which payments are received, or any other financial investments not already mentioned?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | YES | IA30 - ASTCODE |
| 2 | NO | BOX IA2 |
| | Don't Know | BOX IA2 |
| | Refused | BOX IA2 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ASTPROBE | 1 |

Code All

QUESTION TEXT

What type of asset is it?

CHECK ALL THAT APPLY.

FIELD 1: ASTCODE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-----------------------|------------------------------------|
| 1 | SAVINGS | BOX IA2 |
| 2 | ASSETS | DATA EDITING ONLY. DO NOT DISPLAY. |
| 3 | FARM | BOX IA2 |
| 4 | BUSINESS | BOX IA2 |
| 5 | PROFESSIONAL PRACTICE | BOX IA2 |
| 91 | OTHER | IA30 - ASTSPECI |
| | Don't Know | BOX IA2 |
| | Refused | BOX IA2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---|-----------------|
| NONE | 6 |
| REPLACES THE FOLLOWING CHESHIRE VARIABLES: | |
| 1=INCO.ASTSAVNG 2=INCO.ASTASSET 3=INCO.ASTFARM 4=INCO.ASTBUSIN 5=INCO.ASTPRACT 91=INCO.ASTOTHER | |

FIELD 2: ASTSPECI

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|---------|
| 1 | [Continuous answer.] | BOX IA2 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ASTSPECI | 1 |

BOX IA2

BOX INSTRUCTIONS

IF AT LEAST ONE ASSET PROBE AT IA23A OR IA23B WAS ANSWERED "YES", GO TO IA31 - ASSTTOTL.

ELSE GO TO IA34 - OTHDEBTS.

IA31 Dollar

QUESTION TEXT

SHOW CARD IA2

You've mentioned [READ ASSETS LISTED BELOW]. Please estimate [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR). Do not include interest or dividend payments already reported as income. [Please exclude the value of (your/his/her/their) home.]

[(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]

FIELD 1: ASSTTOTL

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | IA32 - ASSTDEBT |
| | Don't Know | IA31A - VALSSET |
| | Refused | IA31A - VALSSET |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ASSTTOTL | 1 |

IA31A

Code 1

QUESTION TEXT

It is often difficult to place an exact dollar amount on the value of assets. Thinking about all of the assets that you mentioned, [READ ASSETS LISTED BELOW], would you say that the total value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR) was less than \$40,000.00 or was it \$40,000.00 or more?

[(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]

[READ IF NECESSARY: Again do not include interest or dividend payments already reported as income [, and please exclude the value of (your/his/her/their) home]].

FIELD 1: VALSSET

FIELD 1 ROUTING

| Value | Label | Route | |
|-------|-----------------------|-----------------|--|
| 1 | LESS THAN \$40,000.00 | IA31B - VALPICK | |
| 2 | \$40,000.00 OR MORE | IA31B - VALPICK | |
| | Don't Know | IA32 - ASSTDEBT | |
| | Refused | IA32 - ASSTDEBT | |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.VALSSET | 1 |

IA31B

Code 1

QUESTION TEXT

SHOW CARD (IA3/IA4)

Which of these categories do you think is a good estimate of the total value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR)?

[READ IF NECESSARY: You mentioned the following assets: [READ ASSETS LISTED BELOW].]

[(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]

FIELD 1: VALPICK

INCO.VALPICK

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | A | IA32 - ASSTDEBT |
| 2 | В | IA32 - ASSTDEBT |
| 3 | С | IA32 - ASSTDEBT |
| 4 | D | IA32 - ASSTDEBT |
| 5 | E | IA32 - ASSTDEBT |
| 6 | F | IA32 - ASSTDEBT |
| 7 | G | IA32 - ASSTDEBT |
| 8 | Н | IA32 - ASSTDEBT |
| | Don't Know | IA32 - ASSTDEBT |
| | Refused | IA32 - ASSTDEBT |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.VALPICK | 1 |

IA32 Code 1

QUESTION TEXT

(Do/Did/Does) [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] have any outstanding debts associated with the [READ ASSETS LISTED BELOW]?

[(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]

FIELD 1: ASSTDEBT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | IA33 - ADEBTTOT |
| 2 | NO | IA34 - OTHDEBTS |
| | Don't Know | IA34 - OTHDEBTS |
| | Refused | IA34 - OTHDEBTS |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ASSTDEBT | 1 |

Dollar

QUESTION TEXT

How much (do/did/does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] owe, in total, on these debts?

FIELD 1: ADEBTTOT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | IA34 - OTHDEBTS |
| | Don't Know | IA34 - OTHDEBTS |
| | Refused | IA34 - OTHDEBTS |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.ADEBTTOT | 1 |

QUESTION TEXT

(Do/Did/Does) [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] have any (other) outstanding debts (that we haven't talked about), such as credit card charges, loans, medical bills, or legal bills?

Code 1

FIELD 1: OTHDEBTS

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | YES | IA35 - DEBTTOT |
| 2 | NO | BOX IA6 |
| | Don't Know | BOX IA6 |
| | Refused | BOX IA6 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.OTHDEBTS | 1 |

Dollar

QUESTION TEXT

If you added up all of these other debts for [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)], about how much would they amount to right now?

FIELD 1: DEBTTOT

FIELD 1 ROUTING

| Value | Label | Route | |
|-------|----------------------|----------------|--|
| 1 | [Continuous answer.] | IA36 - DEBTMED | |
| | Don't Know | BOX IA6 | |
| | Refused | BOX IA6 | |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.DEBTTOT | 1 |

Dollar

QUESTION TEXT

How much of the (AMOUNT FROM IA35) is for medical care costs?

FIELD 1: DEBTMED

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|---------|
| 1 | [Continuous answer.] | BOX IA6 |
| | Don't Know | BOX IA6 |
| | Refused | BOX IA6 |

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| INCO.DEBTMED | 1 |

BOX IA6

BOX INSTRUCTIONS

GO TO NEXT SECTION